



COUNTY OF SAN DIEGO  
DEPARTMENT OF PARKS AND RECREATION  
SERVICE LEARNING/YOUTH PROJECTS  
APPLICATION

[www.sdparks.org](http://www.sdparks.org)



Please print. Complete both sides.

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade \_\_\_\_\_

If applicable, Service Learning:

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Business Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Required by applicants under 18:

Mother's Name: \_\_\_\_\_

Address if Different From Above: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address if Different From Above: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Condition we should be aware of: \_\_\_\_\_

I understand that, as a member of the County of San Diego Department of Parks and Recreation Service Learning/ Youth Projects Program, I am subject to all rules and regulations governing the program, as set forth by the Parks Department and my school.

I agree that I will not be reimbursed for any expenses incurred by me while training and I will receive no compensation for any duties performed by me unless so specified by the Director or his designated representative.

In the event of a medical emergency, initial treatment may be given.

I certify that the information given in this application is accurate to the best of my knowledge and that any false statements or answers will be grounds for disqualification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Cheryl Wegner, Volunteer Coordinator  
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